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## BIB DATA SHEET

CONFIRMATION NO. 9745

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO. |                     |                           |
|---|---|--|--|------------------------|---------------------|---------------------------|
| 10/572,415  | 03/17/2006  | 514  | 1626   | 64921(45579)           |                     |                           |
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| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/DK04/00679 10/08/2004<br>which claims benefit of 60/513,891 10/23/2003  |   |  |  |                        |                     |                           |
| <b>** FOREIGN APPLICATIONS *****</b><br>DENMARK PA 2003 01553 10/22/2003  |   |  |  |                        |                     |                           |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>12/11/2006  |   |  |  |                        |                     |                           |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b>                                      | <b>SHEETS DRAWINGS</b> | <b>TOTAL CLAIMS</b> | <b>INDEPENDENT CLAIMS</b> |
| Verified and /LAURA L. STOCKTON/  | Examiner's Signature  | Initials                                     | SWEDEN   | 0                      | 32                  | 1                         |
| <b>ADDRESS</b><br>EDWARDS ANGELL PALMER & DODGE LLP<br>P.O. BOX 55874<br>BOSTON, MA 02205<br>UNITED STATES  |   |  |  |                        |                     |                           |
| <b>TITLE</b><br>Benzimidazole derivatives and use thereof as peptide deformylase inhibitors   |   |  |  |                        |                     |                           |
| <b>FILING FEE RECEIVED</b><br>1500  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |                        |                     |                           |
|   |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                        |                     |                           |
|   |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                        |                     |                           |
|   |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                        |                     |                           |
|   |   |  | <input type="checkbox"/> Other _____                         |                        |                     |                           |
| <input type="checkbox"/> Credit   |   |  |  |                        |                     |                           |

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